

DECLARATION FOR PATENT APPLICATION

Attorney Docket:
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As a below-named inventor(s), I/we hereby declare that:

My/~~Our~~ residence(~~s~~), post office address(~~s~~) and citizenship(~~s~~ is/~~are~~) as stated below next to my/~~our~~ name(~~s~~).I/we believe I/~~we~~ am/~~are~~ the original inventor, first and sole (if only one name is listed below) or the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:the specification of which: (check one)
☐ is attached hereto.☐ was filed on February 17, 2005, as Serial No. PCT/EP2005/050694,

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above -identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have al so identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

<u>04003488.6</u> (Application No.)	<u>EP</u> (Country)	<u>17 / 02 / 2004</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u> / / </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u> / / </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/we hereby appoint the Practitioners associated with the following Customer Number:

Customer Number

Direct Telephone Calls to:

Charles W. Fallow
(301) 589 8900Send Correspondence to:
Shoemaker and Mattare, Ltd.
10 Post Office Road
Suite 100
Silver Spring, MD 20910 U.S.A.

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. Application Serial No.) (U.S. Filing Date) (Status--patented, pending, abandoned)

(U.S. Application Serial No.) (U.S. Filing Date) (Status--patented, pending, abandoned)

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I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) _____

Filing Date _____

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Prof. Dr. Christian VAUGE

Inventor's Signature VAUGEDate: 2/20/2007

Residence: 14, rue des Meuniers, F-75012 Paris, France

Country of Citizenship: FRANCE

Post Office Address: same as above _____

Full name of second inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: same as above _____

Full name of third inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____